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|---|------------|---|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>VAC.785A.US   |          |
| Application Number      10/715,164-Conf # 4106  |            | Filed      November 17, 2003              |          |
| For      PERSONALLY PORTABLE VACUUM DESICCATOR  |            |   |          |
| Art Unit      3761  |            | Examiner      Su, Susan Shan              |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |          |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                   |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65                                      | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245                                     | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555                                     | \$ 1110  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865                                     | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175                                    | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |          |
| <input checked="" type="checkbox"/> Payment by credit card.   |            |   |          |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-3140</u> . I have enclosed a duplicate copy of this sheet. |            |   |          |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |            |   |          |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,649</u>  |            |   |          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |            |   |          |
| Registration number if acting under 37 CFR 1.34 _____   |            |   |          |
| <u>ROBERT C. HILTON</u><br>Signature  |            | <u>November 19, 2010</u><br>Date          |          |
| <u>ROBERT C. HILTON</u><br>Typed or printed name  |            | <u>(214) 259-0907</u><br>Telephone Number |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |            |   |          |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms submitted.  |            |   |          |